

HAMILTON COUNTY JUVENILE COURT
PERSONAL IDENTIFICATION FORM

CASE NUMBER: _____

1. **Name and Date of Birth** of child or children:

Name: _____ Initials: _____ DOB: _____ Sex: _____ Soc. Sec.: _____

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2. **Biological Father's Name:** _____ (Alias Name) _____ DOB: _____

Complete Address: _____ Zip Code: _____

Social Security Number: _____ Phone Number: (_____) _____

Employer & Address: _____

3. **Biological Mother's Name:** _____ (Maiden/Alias Name) _____ DOB: _____

Complete Address: _____ Zip Code: _____

Social Security Number: _____ Phone Number: (_____) _____

Employer & Address: _____

4. **Petitioner (s) Name:** _____ DOB: _____

Complete Address: _____ Zip Code: _____

Social Security Number: _____ Phone Number: (_____) _____

Employer & Address: _____

5. **Relationship to the child or children:** _____

6. **Current Address of child or children:** _____ Zip Code: _____

7. **Name of person (s) currently providing care and supervision:** _____

Phone Number: (_____) _____

8. **Was Child Custody Affidavit, mandated by § 3127.23 -O.R.C., filed?** (Form 551 Included with packet) **Yes No**

9. **Has an Affidavit for Publication been filed** (When address can't be identified) **Yes No**

10. **Has the Father of the child or children been ordered to pay Child Support?** **Yes No**

11. **Does any other person (s), excluding the biological parents, have any Court Ordered Custody or Visitation Rights concerning this child or these children?** **Yes No** If so, please list: Name: _____

Complete Address: _____ Zip Code: _____

Social Security Number: _____ Phone Number: (_____) _____

Relationship to the child or children: _____

12. **Are any Social Service Agencies currently involved with this child or these children?** **Yes No** If so list Agency:

Name: _____ Caseworker: _____

13. **Attorney's Name:** _____ **Address:** _____

City: _____ State: _____ Phone: (_____) _____